



## HOUSEHOLD COMPOSITION RECERTIFICATION FORM

**Purpose:** ReBuild NC is required by federal guidance to recertify your current and anticipated household members. If there has been any change in your household members since completing your application, the Program may need to reverify the household income and overall housing needs.

**Instructions:** The Primary Applicant should complete the Applicant Information, Current Household Members, Anticipated Household Members, Income for Existing and Anticipated Household Members, Reasonable Accommodations/Modifications, Tenant Household Members, Emergency Move-Outs, and Water Supply Type sections below, as well as the Acknowledgement & Attestation section. When submitting this form to the Program, please also provide supporting documentation for any anticipated household member; additional supporting documentation may be requested by the Program upon receipt and review of this completed form to verify the selections made herein.

**Warning:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

Applicant Information	
Application ID Number:	Date:
Primary Applicant Name:	

### Current Household Members

Below, for all current household members, please provide their name, date of birth, gender, and relationship to the Primary Applicant\* as of the date of this form.

\*Relationship to Primary Applicant must be one of the following:

- Spouse/partner: The spouse or partner of the Primary Applicant
- Related Adult: An adult (18 years or older) related to the Primary Applicant
- Related Child: A child (17 years or younger) related to the Primary Applicant
- Unrelated Adult: An adult (18 years or older) unrelated to the Primary Applicant
- Unrelated Child: A child (17 years or younger) unrelated to the Primary Applicant

Current Household Members			
Full Legal Name (First, Middle, Last Suffix)	Date of Birth (MM/DD/YYYY)	Gender	Relationship to Primary Applicant (Select One)
		Male Female Prefer not to respond	Spouse/partner Related Adult Related Child Unrelated Adult Unrelated Child
		Male Female Prefer not to respond	Spouse/partner Related Adult Related Child Unrelated Adult Unrelated Child
		Male Female Prefer not to respond	Spouse/partner Related Adult Related Child Unrelated Adult Unrelated Child
		Male Female Prefer not to respond	Spouse/partner Related Adult Related Child Unrelated Adult Unrelated Child
		Male Female Prefer not to respond	Spouse/partner Related Adult Related Child Unrelated Adult Unrelated Child
		Male Female Prefer not to respond	Spouse/partner Related Adult Related Child Unrelated Adult Unrelated Child

## Anticipated Household Members

<b>Anticipated Household Members: Children (17 years or younger)</b>		
<input type="checkbox"/> <b>Check this box if you plan to add any children to your household within the next year.</b>		
If this box is selected, indicating that your household will have children in addition to any mentioned above in the Current Household Members section of this form, please complete the fields below.		
If you do NOT anticipate adding children to your household in the coming year, you may leave this section blank and proceed to the next section.		
Anticipated Children	Anticipated # of Children	
For each of the questions below, select whether you anticipate that additional children (i.e., NOT current household members as listed above) will join your household <u>within the next year</u> unless otherwise noted within the question. If you select "Yes" to any question, please also state the number of anticipated children.		
1) Does the household include any women who are currently pregnant or expected to be pregnant within the next year, resulting in additional children who will be part of the household?	Yes No	
2) Is an adult household member in the process of adopting a child who is expected to live in the home within the next year?	Yes No	
3) Are children whose custody is being obtained by an adult household member expected to live in the home within the year?	Yes No	
4) Will foster children join the household within the next year?	Yes No	
5) Will children who are currently in foster care return to the household within the next year?	Yes No	
6) Are there children in joint custody arrangements who will join the household at least fifty (50) percent of the time?	Yes No	
7) Are there children (17 years or younger) who are currently in a correctional facility expected to join the household within the next year?	Yes No	
8) Are there any children (17 years or younger) who are NOT already listed as a household member and who will be away at school expected to join the household during school breaks	Yes No	
<i>Note: Do not count household members who are away at school who have established residency at another address or location as evidenced by a lease agreement. The new address is considered their principal residence. A dorm should not be considered a principal residence.</i>		

<p>9) Is there another scenario not included above that may result in additional children being added to your household within the next year? If you select "Yes" to this question, the Program will follow up with you about the scenario and may request supporting documentation.</p>	<p>Yes No</p>	
<p><b>If you marked "Yes" to one or more questions above, state the TOTAL number of CHILDREN that you ANTICIPATE adding to your household over the next year, based on the questions above.</b></p>		

**Anticipated Household Members:  
Adults (18 years or older)**

**Check this box if you plan to add any adults to your household within the next year.**

If this box is selected, indicating that your household will have adults in addition to any mentioned above in the Current Household Members section of this form, please complete the fields below.

If you do NOT anticipate adding any adults to your household in the coming year, you may leave this section blank and proceed to the next section.

Anticipated Adults	Anticipated # of Adults	
<p>For each of the questions below, select whether you anticipate that additional adults (i.e., NOT current household members as listed above) will join your household <u>within the next year</u> unless otherwise noted within the question. If you select "Yes" to any question, please also state the number of anticipated adults.</p>		
<p>1) Will a live-in aide join the household within the next year?</p>	<p>Yes No</p>	
<p>2) Are there adults on active military duty or receiving in-patient health care who will join the household within the next year?</p>	<p>Yes No</p>	
<p>3) Are adults (18 years or older) who are currently in a correctional facility expected to join the household within the next year?</p>	<p>Yes No</p>	
<p>4) Are there adults (18 years or older) who are NOT already listed as a household member and who will be away at school expected to join the household during school breaks?  <i>Note: Do not count household members who are away at school who have established residency at another address or location as evidenced by a lease agreement. The new address is considered their principal residence. A dorm should not be considered a principal residence.</i></p>	<p>Yes No</p>	
<p>5) Is there another scenario not included above that may result in additional adults being added to your household within the next year? If you select "Yes" to this question, the Program will follow up with you about the scenario and may request supporting documentation.</p>	<p>Yes No</p>	
<p><b>If you marked "Yes" to one or more questions above, state the TOTAL number of ADULTS that you ANTICIPATE adding to your household over the next year, based on the questions above.</b></p>		

<b>Income for Existing and Anticipated Household Members</b>	
<p>Did the income change for any of the anticipated and/or existing household members identified above?</p> <p><i>This question is being asked as an inquiry to determine whether the applicant and/or the applicant household requires income documentation submission. By selecting "Yes" to this question, you are indicating that a member of your household requires income documentation to be submitted to the program. The Program will follow up with you regarding the anticipated and/or existing household member's income documentation. If you selected yes to this question, you can submit income documentation with this form.</i></p>	<p>Yes</p> <p>No</p> <p>Prefer not to respond</p>

<b>Reasonable Accommodations/Modifications</b>	
<p>Do any of the anticipated and/or existing household members identified above – including anticipated children and adults have a disability/related need requiring accommodations/modifications?</p> <p><i>This question is being asked as an inquiry to determine whether the applicant or the applicant's household requires a reasonable accommodation/modification request. By selecting "Yes" to this question, you are indicating that a member of your household may require a reasonable accommodation/modification, and the Program will follow up with you regarding the existing/anticipated household member's needs and program options.</i></p>	<p>Yes</p> <p>No</p> <p>Prefer not to respond</p>

<b>Tenant Household Members</b>	
<p>Are any of the anticipated and/or existing household members identified above – including anticipated children and adults – are tenants?</p> <p><i>This question is being asked as an inquiry to determine whether the applicant or the applicant household are qualifying tenants for URA assistance. By selecting "Yes" to this question, you are indicating that a member of your household is a tenant and may require URA, and the Program will follow up with you regarding the anticipated and/or existing household member's needs and program options.</i></p>	<p>Yes</p> <p>No</p>
<p>Has there been any changes to the existing lease? If yes, please describe below:</p>	<p>Yes</p> <p>No</p>

Emergency Move-Outs	
<p>Do any of the anticipated and/or existing household members identified above – including anticipated children and adults – require an emergency move-out?</p> <p><i>This question is being asked as an inquiry to determine whether the applicant or the applicant household requires an emergency move-out due to unsafe living conditions. By selecting “Yes” to this question, you are indicating that a member of your household will require an emergency move-out when the application reaches step 6, and the Program will follow up with you to regarding the anticipated and/or existing household member’s needs and program options.</i></p>	<p>Yes</p> <p>No</p> <p>Prefer not to respond</p>
<p>If an emergency move-out is required can family and/or friends accommodate until the application enters step 6?</p>	<p>Yes</p> <p>No</p> <p>Prefer not to respond</p>
Reason For Emergency Move-Out:	

Water Supply Type (Septic Tanks Only)
<p>What is the existing bedroom size limit on the existing septic tank?</p> <p><i>This question is being asked as an inquiry to determine whether the program can offer a larger floor plan if applicable as per the household composition and existing sqft of the damaged property</i></p>

## Acknowledgement and Attestation

ACKNOWLEDGEMENT AND ATTESTATION: The undersigned expressly acknowledge that the information provided on this form by myself/us is subject to verification by HUD, the State of North Carolina and/or the ReBuild NC Program at any time. Further, I acknowledge that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and Program eligibility can be terminated if I knowingly and willingly make a false or fraudulent statement in connection with the representations made above or in connection with any other information provided to the ReBuild NC Program in connection with the application for assistance funded by the Community Development Block Grant allocated to the State of North Carolina.

NOW, in light of the acknowledgements made above, I knowingly affix my signature below; and by doing so, expressly certify and attest, under penalty of the law recited above or otherwise applicable, that all of the information provided in this form is true and correct according to my best knowledge and belief. Should I become, or be made, aware of the untruthfulness or inaccuracy of any of the information or the representations or information provided above, I will immediately notify the ReBuild NC Program and acknowledge that failure to do so may result in any criminal and/or civil remedies available by law.

\_\_\_\_\_  
*Primary Applicant Print Name*

\_\_\_\_\_  
*Primary Applicant Signature*

\_\_\_\_\_  
*Date*